

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40462

State File No. ....

FILED NOV 16 1951

No. 300  
10.48

BIRTH NO. ....		REG. DIST. NO. <u>054</u>	PRIMARY REG. DIST. NO. <u>4522</u>	Registrar's No. <u>36</u>
1. PLACE OF DEATH a. COUNTY <u>TEXAS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>MISSOURI</u> b. COUNTY <u>TEXAS</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HOUSTON</u>		c. LENGTH OF STAY (in this place) township) <u>3425</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HOUSTON</u> <u>1870</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>ELIZABETH</u>		b. (Middle)		c. (Last) <u>BLACK</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>NOV. 3 1951</u>		5. SEX <u>FE. 1</u>		
6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>FEB. 5 1858</u>
9. AGE (In years last birthday) <u>92</u>		IF UNDER 1 YEAR Months <u>8</u> Days <u>8</u>		IF OVER 24 HRS. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>UNION CO. IOWA</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13a. FATHER'S NAME <u>UNKNOWN</u>		
13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>UNKNOWN</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>E.J. RICE</u> ADDRESS <u>HOUSTON MO</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary insufficiency</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u>		<u>unknown</u>
		DUE TO (c)		
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Congestive pneumonia</u>		<u>2 days</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>HOUSTON MO</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21h. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <u>4-2</u> , 18 <u>52</u> , to <u>11-3</u> , 18 <u>51</u> , that I last saw the deceased alive on <u>11-2</u> , 19 <u>51</u> , and that death occurred at <u>10:04</u> a.m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>Robert J. Kramer M.D.</u>		23b. ADDRESS <u>Houston MO</u>		23c. DATE SIGNED <u>11-5-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>11-4-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>PLEASANT GROVE</u>
24d. LOCATION (City, town, or county) (State) <u>TEXAS CO MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Saylor V. Elliott</u> ADDRESS <u>HOUSTON, MO</u>		
DATE REC'D BY LOCAL REG. <u>Nov 10-51</u>		REGISTRAR'S SIGNATURE <u>Myrtle Craig</u> 327		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1070  
D

DIVISION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED NOV 14 1951

Dist. File 1151-1999

Date Filed 11-15-51

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Frank E. Wood

Licensed Embalmer No. 4026

P. O. Address Houston, MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.